

# Open Feedlot and Confinement Application for Individual NPDES<sup>1</sup>/Operation Permit



## A. Facility information:

Name of operation: \_\_\_\_\_ Facility ID No. \_\_\_\_\_

Location of the operation: \_\_\_\_\_  
(911 Address)

\_\_\_\_\_  
(Town) (State) (Zip Code)

\_\_\_\_\_  
Latitude:(entrance to production area) Longitude:(entrance to production area)

\_\_\_\_\_  
(County) (Township Name) (Tier & Range) (Section) (Quarter) (Quarter/Quarter)

## B. Owner and Contacts of the animal feeding operation:

Owner: \_\_\_\_\_ Phone: ( )

Address: \_\_\_\_\_

Email address (optional): \_\_\_\_\_ Cell (optional): ( )

Contact person (if different than owner): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) Fax: ( )

Email address (optional): \_\_\_\_\_ Cell (optional): ( )

## C. This application is for: (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> new operation                    | <input type="checkbox"/> existing operation only expanding number of animals                                  |
| <input type="checkbox"/> existing operation not expanding | <input type="checkbox"/> existing operation expanding number of animals with structural changes/modifications |

## D. Type and number of animals confined in the operation:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 0211 <sup>2</sup> : Cattle Feedlots _____ | <input type="checkbox"/> 0212: Cattle Non-feedlots _____ | <input type="checkbox"/> 0213: Nursery 15-55 lb. _____ |
| <input type="checkbox"/> 0213: Swine $\geq 55$ lb. _____           | <input type="checkbox"/> 0214: Sheep & Goats _____       | <input type="checkbox"/> 0241: Dairy Heifers _____     |
| <input type="checkbox"/> 0241: Dairy - other _____                 | <input type="checkbox"/> 0251: Chicken broiler _____     | <input type="checkbox"/> 0252: Chicken layer _____     |
| <input type="checkbox"/> 0253: Turkey _____                        | <input type="checkbox"/> 0254: Poultry hatcheries _____  | <input type="checkbox"/> 0272: Horse _____             |

## E. Type of manure, effluent or process wastewater structure:

- ☐ Formed manure storage structure – under-building deep pits, outside cement/steel
- ☐ Unformed manure or effluent storage structure – earthen basins, lagoons
- ☐ Dry manure stored in a building or hoop
- ☐ Egg washwater storage structure
- ☐ Alternative Technologies

1. NPDES stands for National Pollutant Discharge Elimination System.

2. Numbers are Standard Industrial Classification or SIC codes, federal codes used to classify the primary products or services provided by an industry.

**F. Name of the receiving watercourse:** \_\_\_\_\_

**G. Total area of Open Feedlot:** \_\_\_\_\_ (acres)

**H. Nutrient Management Plan (NMP) for Open Feedlots. Manure Management Plan (MMP) for Confinements, Comprehensive Nutrient Management Plan (CNMP) if applying for EQIP<sup>3</sup>:**

1. Has an NMP/MMP/CNMP been developed? ☐ Yes ☐ No
2. Is an NMP/MMP/CNMP being implemented for the facility? ☐ Yes ☐ No
3. If no, date when the NMP/MMP/CNMP will be developed? \_\_\_\_\_
4. Date of last review or revision of the NMP?/MMP? \_\_\_\_\_
5. If not land applying, describe alternative use(s) of manure, settled effluent and process wastewater: \_\_\_\_\_

**I. Land Application Best Management Practices (BMPs):**

Please check any of the following BMPs that are being implemented at the land application areas to control runoff and protect water quality:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Buffer strips | <input type="checkbox"/> Terraces      | <input type="checkbox"/> Conservation tillage |
| <input type="checkbox"/> Setbacks      | <input type="checkbox"/> Grass filters | <input type="checkbox"/> Infiltration field   |

**J. Is your facility located on Indian lands?** ☐ Yes ☐ No

**K. Topographic Map:**

Attach a topographic map to this application showing the location of the production area.

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**CERTIFICATION:**

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to: Iowa DNR  
AFO Program  
Wallace State Office Building  
502 East 9<sup>th</sup> St.  
Des Moines, IA 50319